

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 105
Page 173
Date of Application 5-5-05

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT					
Name	First	Middle	Last		
	Mark	L.	Elrod, II		
Date of Birth	Month	Day	Year		
	6	13	1983		
Place of Birth (State or foreign country)					
Indiana					
Residence Address	Street or R.R.	City	County	State	
6308 Eric Drive Floyds Knobs, In 47119					
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____					
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____					
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____					
Indiana Driver's License					
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
5. List the full names of any dependent children. <u>N/A</u>					
6. (a) Full name of applicant's father <u>Mike Elrod</u>					
(If adopted, list adoptive parents only) _____					
Residence of father (if deceased, so state) <u>Indiana</u>					
Birthplace of father (State or foreign country) <u>Indiana</u>					
(b) Full maiden name of applicant's mother <u>Bonnie Rice</u>					
(If adopted, list adoptive parents only) _____					
Residence of mother (if deceased, so state) <u>Indiana</u>					
Birthplace of mother (State or foreign country) <u>Indiana</u>					

FEMALE APPLICANT					
Name	First	Middle	Last		
	Betty	K.	McGlothlin		
Date of Birth	Month	Day	Year		
	7	25	1983		
Place of Birth (State or foreign country)					
Ohio					
Residence Address	Street or R.R.	City	County	State	
3982 Watterson Rd Cincinnati, OH 45227					
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____					
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____					
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____					
Ohio Driver's License					
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
5. List the full names of any dependent children. <u>N/A</u>					
6. (a) Full name of applicant's father <u>Randy McGlothlin</u>					
(If adopted, list adoptive parents only) _____					
Residence of father (if deceased, so state) <u>Ohio</u>					
Birthplace of father (State or foreign country) <u>Ohio</u>					
(b) Full maiden name of applicant's mother <u>Mary Ann Barlow</u>					
(If adopted, list adoptive parents only) _____					
Residence of mother (if deceased, so state) <u>Ohio</u>					
Birthplace of mother (State or foreign country) <u>Ohio</u>					

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Mark Elrod</u>	Date <u>5-5-05</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana) County of Floyd) Signed <u>Mark Elrod</u> New Address <u>7570 Pekin Road Greenville, In 47124</u> Subscribed and sworn to before me this <u>5</u> day of <u>May 2005</u> <u>Eugene Freiburger</u> Clerk of the Floyd Circuit Court	

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Betty K. McGlothlin</u>	Date <u>5/5/05</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana) County of Floyd) Signed <u>Betty K. McGlothlin</u> New Address <u>7570 Pekin Road</u> Subscribed and sworn to before me this <u>5</u> day of <u>May 2005</u> <u>Eugene Freiburger</u> Clerk of the Floyd Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana) County of Floyd) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana) County of Floyd) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk	

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated MAY 5, 2005, authorizing the marriage of MARK L. ELROD II and BETTY K. MCGLOTHLIN.
I further certify that the following marriage certificate was filed in my office: I, DR. JEWEL R. PRUITT (name), certify that on MAY 21, 2005 (date), at FLOYDS KNOBS in FLOYD County, Indiana, MARK L. ELROD II of FLOYD County, INDIANA (state), and BETTY K. MCGLOTHLIN of HAMILTON County, OHIO (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated MAY 5, 2005. Signed by: DR. JEWEL R. PRUITT PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on MAY 25, 2005 (date).

Signed EUGENEA FREIBERGER Clerk
Floyd Circuit Court